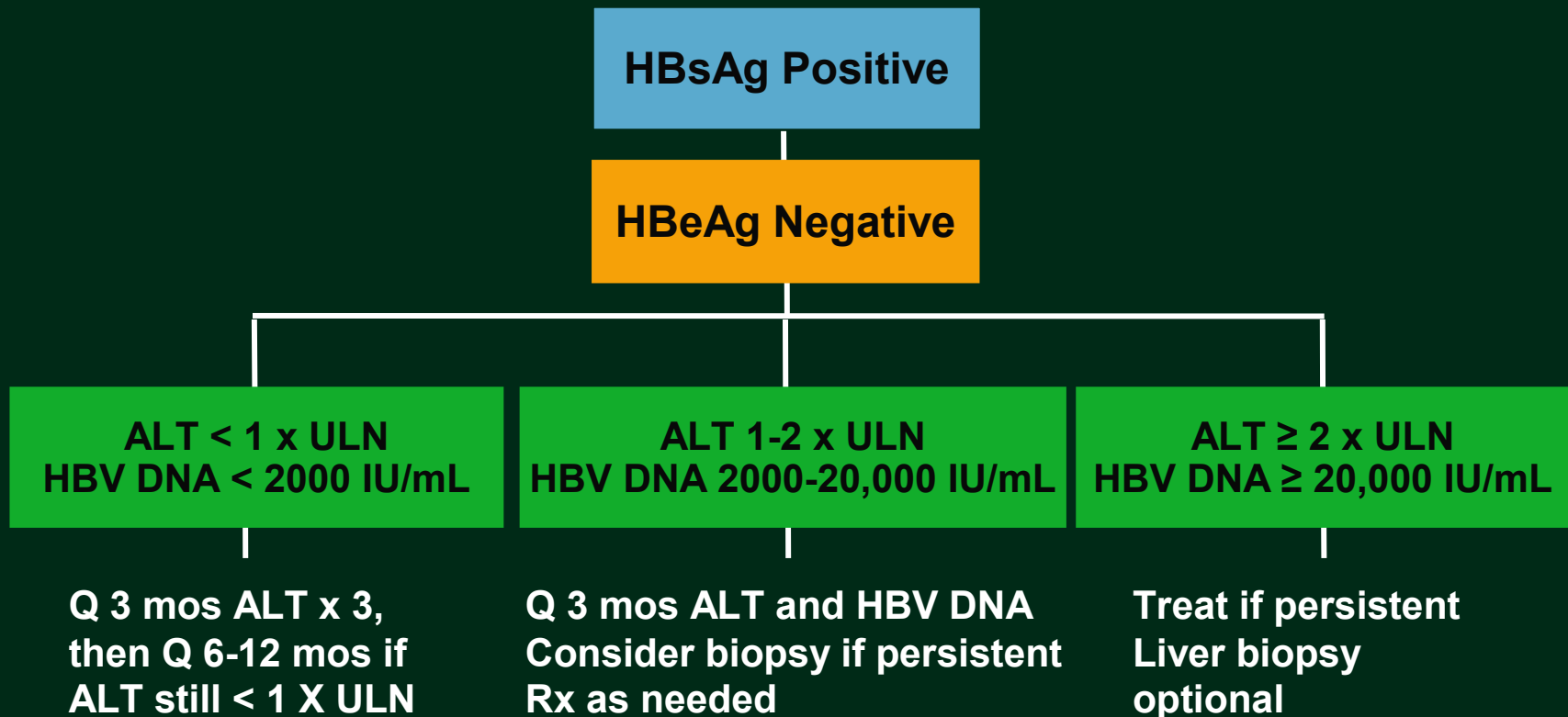


AASLD CHB Guidelines: Treatment Candidacy for HBeAg-Negative Patients



Lok AS, McMahon BJ. Hepatology. 2009;50:661-662. Chronic Hepatitis B: Update 2009, Lok ASF, McMahon BJ, www.aasld.org. Copyright©2009. American Association for the Study of Liver Diseases, Reproduced with permission of the American Association for the Study of Liver Diseases.

AASLD 2009 Guideline Recommendations for Treatment in HBeAg-Negative Patients

HBV DNA (PCR), IU/mL	ALT	Treatment Strategy ^[1]
> 20,000*	> 2 x ULN	Treat; endpoint of treatment: not defined
> 2000	1 to > 2 x ULN	Consider liver biopsy and treat if liver biopsy shows moderate/severe necroinflammation or significant fibrosis
≤ 2000	≤ ULN	Observe; treat if HBV DNA or ALT becomes higher

*Treatment may be considered in patients with HBV DNA 2000-20,000 IU/mL, particularly if they are older or have cirrhosis. Although several studies including the REVEAL study showed a correlation between serum HBV DNA and clinical outcomes such as HCC, only patients with 1 or both samples at baseline and last follow-up with serum HBV DNA > 100,000 copies/mL (> 20,000 IU/mL) had significantly increased risk of HCC.^[2]

1. Lok AS, McMahon BJ. Hepatology. 2009;50:661-662. Chronic Hepatitis B: Update 2009, Lok ASF, McMahon BJ, www.aasld.org. Copyright@2009. American Association for the Study of Liver Diseases, Reproduced with permission of the American Association for the Study of Liver Diseases. 2. Chen CJ, et al. JAMA. 2006;295:65-73.